

Foster Family Home - Corrective Action Report

Provider ID: 2-140050

Home Name: Linus June D. Pascual, CNA

Review ID: 2-140050-2

61 Hookano Street

Reviewer: Carol Copeland

Hilo

HI 96720

Begin Date: 12/6/2018

End Date: 12/11/18

Foster Family Home


Required Certificate

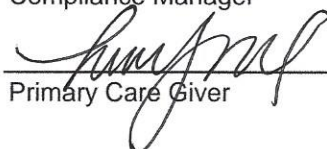
[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) Home inspection performed to certify two client home. Home in compliance on day of inspection. Corrective action report issued with no plan of correction due to CTA.


Compliance Manager


Primary Care Giver

12-6-18
Date

12/6/18
Date